

City of Burbank Park, Recreation and Community Services Department  
**Art Experiences 2012 Registration Form**

**Shirt Size (Check One)** ☐ Youth Small (6-8) ☐ Youth Medium (10-12) ☐ Youth Large (14-16) ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

**Artist:** \_\_\_\_\_ **M / F** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name M.I. Last Name Gender

**Address:** \_\_\_\_\_  
 Street City Zip Code

**Parent's Name:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell / Work Phone:** \_\_\_\_\_ **Cell / Work Phone:** \_\_\_\_\_

**Emergency Contact (other than parent)** \_\_\_\_\_  
 Name Phone Relationship

**PICK-UP AUTHORIZATIONS:** I authorize only the following person(s) to pick up my child (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

SESSION SELECTION  * No Art Experiences offered the week of July 2	OFFICE USE ONLY		CREDIT CARD PAYMENT INFORMATION
	Check# / CC Auth	Receipt #	
<input type="checkbox"/> 1 – ART EXPERIENCES WORLD TOUR 6201.503 JUNE 4-8			<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD
<input type="checkbox"/> 2 – LOST CIVILIZATIONS 6202.503 JUNE 11-15			Card Number:
<input type="checkbox"/> 3 – YOU'VE GOT TALENT 6203.503 JUNE 18-22			Expiration Date:
<input type="checkbox"/> 4 – AMAZING AFRICA 6204.503 JUNE 25-29			Cardholder Signature:
<input type="checkbox"/> 5 – LIGHTS, CAMERA, ACTION! 6205.503 JULY 9-13			Billing Address (if different from above)
<input type="checkbox"/> 6 – TEPEES AND TOTEM POLES 6206.503 JULY 16-20			
<input type="checkbox"/> 7 – ARTS OLYMPICS 6207.503 JULY 23-27			

**PHOTO RELEASE:** I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for the use of these photographs and that these images shall be the sole property of the City of Burbank.

**PARENT CONSENT:** I give permission for my child to participate in the City of Burbank Park, Recreation and Community Services Department's Art Experiences program, including trips by van or bus. I agree to hold harmless the City of Burbank, its employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in Art Experiences.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT CONSENT:** As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL HEALTH CONSIDERATIONS STAFF NEED TO BE AWARE OF (allergies, physical limitations, etc.):**

**\*Medications will not be administered at Art Experiences without a completed Medication Release Form on file.**